

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

101 586,013

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9	1					
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	4	↓	3	↓		↓
TOTAL DEP.	12	←	14	←		←
TOTAL CLAIMS	16		17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						